MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Communication Arts (Elementary School Level)

Session 1, June 7 -- 15, 2005 Session 2, June 16 -- 24, 2005 Raytown Scoring Site

Co-Dist. Code

Date

DATE:	·	Bldg. Code
NAMF:		
1 17 11VIL.	SS#:	
HOME ADDRESS:	PHONE:	(
CITY:	STATE:	ZIP:
ETHNICITY (optional):	E-MAIL (home):	
EMERGENCY CONTACT:	PHO	NE: (
SCHOOL DISTRICT:		
SCHOOL BUILDING:		
WORK PHONE: ()	E-MAIL (work):	
HOME TOWN NEWSPAPER:_		
SUPERINTENDENT NAME:		
BUILDING PRINCIPAL NAME	B:	
SUBJECT AREA (S) TAUGHT	(2004-2005):	
GRADE LEVEL (S) TAUGHT ((2004-2005):	
TOTAL YEARS OF TEACHING	G EXPERIENCE:	
MAP REGIONAL FACILITATO	OR NAME:	
MAP SENIOR LEADER – CLA	SS:	
MAP TEAM MEMBER -YEAR	2 (S)	
PROFESSIONAL TEACHER O	RGANIZATION:	
	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)		
Session Two (June 16-24, 2005)		
	ation to a 2 nd site, please indicate the location of ed as a scorer, would you consider being contacted	
replacement? Yes		
I verify the above applicant is	a certified teacher and do recommend this person f	or a selection as a scorer.

PLEASE MAIL OR FAX THIS FORM TO DESE, ASSESSMENT SECTION
PO Box 480

Jefferson City, MO 65102-0480

FAX 573-526-0812

MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Communication Arts (Middle School Level)

Session 1, June 7 -- 15, 2005 Session 2, June 16 -- 24, 2005 Macon Scoring Site

Co-Dist. Code

Date

Macon Scoring Site DATE:	Bldg. Code
HOME ADDRESS:	
CITY:	
ETHNICITY (optional): E-MAIL (home): EMERGENCY CONTACT: PHO SCHOOL DISTRICT: SCHOOL BUILDING: WORK PHONE: () E-MAIL (work): HOME TOWN NEWSPAPER: SUPERINTENDENT NAME:	(
EMERGENCY CONTACT:	ZIP:
SCHOOL DISTRICT: SCHOOL BUILDING: E-MAIL (work): HOME TOWN NEWSPAPER: SUPERINTENDENT NAME:	
SCHOOL BUILDING: E-MAIL (work): HOME TOWN NEWSPAPER: SUPERINTENDENT NAME:	NE: ()
WORK PHONE: (E-MAIL (work): HOME TOWN NEWSPAPER: SUPERINTENDENT NAME:	
HOME TOWN NEWSPAPER:SUPERINTENDENT NAME:	
SUPERINTENDENT NAME:	
SUPERINTENDENT NAME:	
BUILDING PRINCIPAL NAME:	
SUBJECT AREA (S) TAUGHT (2004-2005):	
GRADE LEVEL (S) TAUGHT (2004-2005):	
TOTAL YEARS OF TEACHING EXPERIENCE:	
MAP REGIONAL FACILITATOR NAME:	
MAP SENIOR LEADER – CLASS:	
MAP TEAM MEMBER –YEAR (S)	
PROFESSIONAL TEACHER ORGANIZATION:	
Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	
Session Two (June 16-24, 2005)	
If you are making an application to a 2 nd site, please indicate the location of If you were not initially selected as a scorer, would you consider being contacted replacement? Yes No	
I verify the above applicant is a certified teacher and do recommend this person t	for a selection as a scorer.

PLEASE MAIL OR FAX THIS FORM TO DESE, ASSESSMENT SECTION
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Jefferson City, MO 65102-0480

FAX 573-526-0812

MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Communication Arts (Elementary School Level) Co-Dist. Code Session 1, June 7 -- 15, 2005 Session 2, June 16 -- 24, 2005 **Sikeston Scoring Site** Bldg. Code DATE: NAME: SS#: - -HOME ADDRESS: ______ PHONE: (________ _____ STATE:____ ZIP:____ CITY: ETHNICITY (optional): _____ E-MAIL (home): ____ EMERGENCY CONTACT: _____ PHONE: (________ SCHOOL DISTRICT: SCHOOL BUILDING: HOME TOWN NEWSPAPER: SUPERINTENDENT NAME: BUILDING PRINCIPAL NAME: SUBJECT AREA (S) TAUGHT (2004-2005): GRADE LEVEL (S) TAUGHT (2004-2005): _____ TOTAL YEARS OF TEACHING EXPERIENCE: MAP REGIONAL FACILITATOR NAME: _____ MAP SENIOR LEADER – CLASS: _____ MAP TEAM MEMBER –YEAR (S) PROFESSIONAL TEACHER ORGANIZATION: Check the session(s) for which you are available to score: Indicate preference (if any) Session One (June 7-15, 2005) Session Two (June 16-24, 2005) If you are making an application to a 2nd site, please indicate the location of that site: If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No ____ I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

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PO Box 480
Jefferson City, MO 65102-0480
FAX 573-526-0812

Date

MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Communication Arts (High School Level) Co-Dist. Code Session 1, June 7 -- 15, 2005 Session 2, June 16 -- 24, 2005 **Rockwood Scoring Site** Bldg. Code DATE: NAME: _______SS#: _______ HOME ADDRESS: ______ PHONE: (_________ _____ STATE:____ ZIP:____ CITY: ETHNICITY (optional): _____ E-MAIL (home): ____ EMERGENCY CONTACT: _____ PHONE: (________ SCHOOL DISTRICT: SCHOOL BUILDING: HOME TOWN NEWSPAPER: SUPERINTENDENT NAME: BUILDING PRINCIPAL NAME: SUBJECT AREA (S) TAUGHT (2004-2005): GRADE LEVEL (S) TAUGHT (2004-2005): _____ TOTAL YEARS OF TEACHING EXPERIENCE: MAP REGIONAL FACILITATOR NAME: _____ MAP SENIOR LEADER – CLASS: _____ MAP TEAM MEMBER – YEAR (S) PROFESSIONAL TEACHER ORGANIZATION: Check the session(s) for which you are available to score: Indicate preference (if any) Session One (June 7-15, 2005) Session Two (June 16-24, 2005) If you are making an application to a 2nd site, please indicate the location of that site: If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No ____ I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

PLEASE MAIL OR FAX THIS FORM TO DESE, ASSESSMENT SECTION
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FAX 573-526-0812

Date

MAP: IN-STATE SUMMER SCORING PARTICIPANT INFORMATION TEMPLATE

Bldg. Code
Bldg. Code
ZIP:
NE: ()
Indicate preference (if any)
f that site:
on short notice to be a
for a selection as a scorer.
1

PLEASE MAIL OR FAX THIS FORM TO DESE, ASSESSMENT SECTION PO Box 480

Jefferson City, MO 65102-0480

Date

RETURN DEADLINE IS MONDAY, FEBRUARY 14, 2005

MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Communication Arts (Middle School Level) Co-Dist. Code Session 1, June 7 -- 15, 2005 Session 2, June 16 -- 24, 2005 **Springfield Scoring Site** Bldg. Code DATE: SS#:____-__-NAME: HOME ADDRESS: _____ PHONE: (________ _____ STATE:_____ ZIP:_____ ETHNICITY (optional): ______ E-MAIL (home): _____ EMERGENCY CONTACT: _____ PHONE: (________ SCHOOL DISTRICT: SCHOOL BUILDING: WORK PHONE: () - E-MAIL (work): HOME TOWN NEWSPAPER: SUPERINTENDENT NAME: BUILDING PRINCIPAL NAME: SUBJECT AREA (S) TAUGHT (2004-2005):_____ GRADE LEVEL (S) TAUGHT (2004-2005): TOTAL YEARS OF TEACHING EXPERIENCE:_____ MAP REGIONAL FACILITATOR NAME: _____ MAP SENIOR LEADER – CLASS: _____ MAP TEAM MEMBER –YEAR (S) PROFESSIONAL TEACHER ORGANIZATION: _____ Check the session(s) for which you are available to score: Indicate preference (if any) Session One (June 7-15, 2005) Session Two (June 16-24, 2005) If you are making an application to a 2nd site, please indicate the location of that site: _____ If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No ____ I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

PLEASE MAIL OR FAX THIS FORM TO DESE, ASSESSMENT SECTION
PO Box 480
Jefferson City, MO 65102-0480
FAX 573-526-0812

Date

MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

	Mathematics (Elementary School Lev	<u>el)</u> Co-Dist. Code
	Session 1, June 7 15, 2005	
	Session 2, June 16 24, 2005	Bldg. Code
	Lindbergh Scoring Site	· ·
DATE:		
NAME.	SS#:	
	PHONE	
	STATE:	
_	E-MAIL (home):	
	PH	
	E MAH (1):	
	E-MAIL (work):	
	m	
	E:	
	Γ (2004-2005):	
	(2004-2005):	
	NG EXPERIENCE:	
	TOR NAME:	
	ASS:	
	R (S)	
PROFESSIONAL TEACHER (ORGANIZATION:	
	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)		
Session Two (June 16-24, 2005)		
	eation to a 2 nd site, please indicate the location	
If you were not initially select replacement? Yes	ed as a scorer, would you consider being contacte	d on short notice to be a
10pia00iii0iii. 100		
I verify the above applicant is	a certified teacher and do recommend this persor	n for a selection as a scorer.
- ··	·	
Signature of Principal		Date

PLEASE MAIL OR FAX THIS FORM TO DESE, ASSESSMENT SECTION
PO Box 480
Jefferson City, MO 65102-0480
FAX 573-526-0812

MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Mathematics (High School Level	2)
Session 1, June 7 15, 2005	Co-Dist. Code
Session 2, June 16 24, 2005	
Liberty Scoring Site	Bldg. Code
DATE:	
NAME:SS#:	
HOME ADDRESS: PHO	
CITY: STATE:	ZIP:
ETHNICITY (optional): E-MAIL (home):	
EMERGENCY CONTACT: F	PHONE: ()
SCHOOL DISTRICT:	
SCHOOL BUILDING:	
WORK PHONE: () E-MAIL (work):	
HOME TOWN NEWSPAPER:	
SUPERINTENDENT NAME:	
BUILDING PRINCIPAL NAME:	
SUBJECT AREA (S) TAUGHT (2004-2005):	
GRADE LEVEL (S) TAUGHT (2004-2005):	
TOTAL YEARS OF TEACHING EXPERIENCE:	
MAP REGIONAL FACILITATOR NAME:	
MAP SENIOR LEADER – CLASS:	
MAP TEAM MEMBER –YEAR (S)	
PROFESSIONAL TEACHER ORGANIZATION:	
Check the session(s) for which you are available to sco	re: Indicate preference (if any)
Session One (June 7-15, 2005)	
Session Two (June 16-24, 2005)	
Session Two (June 10-24, 2003)	
If you are making an application to a 2 nd site, please indicate the locatio	n of that site:
If you were not initially selected as a scorer, would you consider being contact replacement? Yes No	cted on short notice to be a
I verify the above applicant is a certified teacher and do recommend this pers	son for a selection as a scorer.

PLEASE MAIL OR FAX THIS FORM TO DESE, ASSESSMENT SECTION
PO Box 480
Jefferson City, MO 65102-0480
FAX 573-526-0812

Date

MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Mathematics (Elementary School Level) Co-Dist. Code Session 1. June 7 -- 15, 2005 Session 2, June 16 -- 24, 2005 **Webb City Scoring Site** Bldg. Code DATE: _____ _____SS#: ____-__-NAME: HOME ADDRESS: _____ PHONE: (_____) __-__ STATE: ZIP: ETHNICITY (optional): _____ E-MAIL (home): _____ SCHOOL DISTRICT: SCHOOL BUILDING: WORK PHONE: (_______ E-MAIL (work): _____ HOME TOWN NEWSPAPER: SUPERINTENDENT NAME: BUILDING PRINCIPAL NAME: SUBJECT AREA (S) TAUGHT (2004-2005):_____ GRADE LEVEL (S) TAUGHT (2004-2005): TOTAL YEARS OF TEACHING EXPERIENCE:_____ MAP REGIONAL FACILITATOR NAME: MAP SENIOR LEADER – CLASS: _____ MAP TEAM MEMBER –YEAR (S) _____ PROFESSIONAL TEACHER ORGANIZATION: _____ Check the session(s) for which you are available to score: Indicate preference (if any) Session One (June 7-15, 2005) Session Two (June 16-24, 2005) If you are making an application to a 2nd site, please indicate the location of that site: If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No ____ I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

_

Date

Signature of Principal

PLEASE MAIL OR FAX THIS FORM TO DESE, ASSESSMENT SECTION
PO Box 480
Jefferson City, MO 65102-0480
FAX 573-526-0812

Only two scoring site nomination forms will be processed per teacher. Please print and use black ink. Incomplete forms will not be processed. MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Science (Elementary School Level)

	Session 1, June 7 15, 2005	Co-Dist. Code
	Session 2, June 16 24, 2005	
	Rolla Scoring Site	Bldg. Code
DATE:		· ·
NAME:	SS#: _	
	PHON	
	STATE:	
	E-MAIL (home):	
	PH	
	E-MAIL (work):	
,	·	
BUILDING PRINCIPAL NAM	1E:	
	Τ (2004-2005):	
GRADE LEVEL (S) TAUGHT	C (2004-2005):	
TOTAL YEARS OF TEACHIN	NG EXPERIENCE:	
MAP REGIONAL FACILITAT	TOR NAME:	
MAP SENIOR LEADER – CL.	ASS:	
MAP TEAM MEMBER –YEA	R (S)	
PROFESSIONAL TEACHER	ORGANIZATION:	
	Check the session(s) for which you are available to score	: Indicate preference (if any)
Session One (June 7-15, 2005)		

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

Date

PLEASE MAIL OR FAX THIS FORM TO DESE, ASSESSMENT SECTION PO Box 480 Jefferson City, MO 65102-0480 FAX 573-526-0812 **RETURN DEADLINE IS MONDAY, FEBRUARY 14, 2005**

Only two scoring site nomination forms will be processed per teacher. Please print and use black ink. Incomplete forms will not be processed. MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Science (Middle School Level)

Session 1, June 7 -- 15, 2005 Session 2, June 16 -- 24, 2005

Co-Dist. Code
Bldg. Code

	St. Joseph Scoring Site	Plda Codo
DATE:		Bldg. Code
NAME:	SS#:	
	STATE:	
	E-MAIL (home):	
_	E-WAIL (notic) P	
	1	
	E-MAIL (work):	
,	E-WAIL (WOIK):	
	(2004-2005):	
` ´		
	2004-2005):	
	G EXPERIENCE:	
	OR NAME:	
	SS:	
	(S)	
PROFESSIONAL TEACHER OF	RGANIZATION:	
0 1 0 (1 5 15 2005)	Check the session(s) for which you are available to scor	e: Indicate preference (if any)
Session One (June 7-15, 2005)		
Session Two (June 16-24, 2005)		
	ntion to a 2 nd site, please indicate the location	
	•	
replacement? Yes	d as a scorer, would you consider being contac No	ted on short hotice to be a
I verify the above applicant is	a certified teacher and do recommend this person	on for a selection as a scorer.
- Signature of Principal		Date

PLEASE MAIL OR FAX THIS FORM TO DESE, ASSESSMENT SECTION PO Box 480 Jefferson City, MO 65102-0480 FAX 573-526-0812

MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

	Science (High School Level)	<u></u>	
	Session 1, June 7 15, 2005		Co-Dist. Code
	Session 2, June 16 24, 2005		
	Hazelwood Scoring Site		Bldg. Code
DATE:			Blug. Code
NAME:	SS	S#:	
HOME ADDRESS:	PI	HONE: (
CITY:	STATE:	Z	IP:
ETHNICITY (optional):	E-MAIL (home):		
EMERGENCY CONTACT:		PHONE: (_	
SCHOOL DISTRICT:			
SCHOOL BUILDING:			
WORK PHONE: ()	E-MAIL (work):		
HOME TOWN NEWSPAPER:	·		
SUPERINTENDENT NAME:_			
BUILDING PRINCIPAL NAM	ИЕ:		
SUBJECT AREA (S) TAUGH	T (2004-2005):		
GRADE LEVEL (S) TAUGHT	T (2004-2005):		
TOTAL YEARS OF TEACHIN	NG EXPERIENCE:		
MAP REGIONAL FACILITA	TOR NAME:		
MAP SENIOR LEADER – CL	ASS:		
MAP TEAM MEMBER –YEA	R (S)		
PROFESSIONAL TEACHER	ORGANIZATION:		
	Check the session(s) for which you are available to	score: Indic	cate preference (if any)
Session One (June 7-15, 2005)			
Session Two (June 16-24, 2005)			
	and	<u> </u>	
	cation to a 2 nd site, please indicate the local		
replacement? Yes	ted as a scorer, would you consider being con No	tacted on sn	ort notice to be a
I verify the above applicant is	s a certified teacher and do recommend this po	erson for a s	election as a scorer.
			
Signature of Principal			Date

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PO Box 480
Jefferson City, MO 65102-0480
FAX 573-526-0812